MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10442

Reg. Diat. No. 62

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Carroline
City or town: near Hillsboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) none
2.(a) If veteran, name war:

3.(a) FULL NAME Daniel Richard Brown.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	Col	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
56	—	—	hrs. min.

9. Birthplace: Hillsboro Md.
(Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business

FATHER
12. Name: Perry Brown
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Bell
15. Birthplace: Maryland

16. Informant: Mrs. Thomas
Address: Ridgely R.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 10/22/40 (month) (day) (year)
Cemetery or crematory: Price's Learmen
Location: near Ludlowsville

18. Funeral director: J. Virgil Brown & Son
Address: Denton Md.

19. 10/19 1940 M. O. George Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 18 1940, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 1940, to Oct. 18 1940 and that I last saw h. in. alive on Oct. 16 1940

Immediate cause of death	DURATION
Uremic Poisoning	
Due to Cardiac Valvular Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Charles H. Stevenson M.D.
M. D. or Coroner
Address: Preston Md. Date signed: Oct. 19 1940

CEIVED
NOV 5 1940
REAU V. S.

Mar 6th 1864

STATE OF MARYLAND—CERTIFICATE OF DEATH

10443

83-a

1. PLACE OF DEATH

County Caroline Registration Dist. No. 62

Village or City Denton Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Lydia Elnora Freeland If U. S. Veteran, specify WAR

(a) Residence: No. Denton Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William Freeland

6. DATE OF BIRTH (month, day, and year) Mar. 6th 1864

7. AGE Years 76 Months 7 Days 19 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Denton (State or country) Maryland

FATHER

13. NAME James Wilson

14. BIRTHPLACE (city or town) Denton (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Holbrook

16. BIRTHPLACE (city or town) Concord (State or country) Maryland

17. INFORMANT Miss Addie Wilson (Address) Denton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Denton County Date Oct. 26th 1940

19. UNDERTAKER J. Virgil Moore & Son (Address) Denton Md.

20. FILED 10/26, 1940 Hunt O. Tuge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1940, to Oct 23, 1940

I last saw her alive on Oct 23, 1940; death is said to have occurred on the date stated above, at 8:50 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 15-1940

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Paul Knotts M. D.

(Address) Denton Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED NOV 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

10444

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Caroline

City or town: Mt Preston Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME: William Wallace Hewitt

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mable Macturk Hewitt not known

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 20th 1866

8. AGE: Years: 73 | Months: 11 | Days: 10 | If less than one day ..... hrs. ..... min.

9. Birthplace: Phila Pa
(Town, county, and state)

10. Usual occupation: Day Labor

11. Industry or business

FATHER
12. Name: Caroline Hewitt
13. Birthplace: New Jersey

MOTHER
14. Maiden name: Albertie Miller
15. Birthplace: New Jersey

16. Informant: William Gardner
Address: Denton Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: 10-4-40 (month) (day) (year)

Cemetery or crematory: Grove Cemetery

Location: Near Preston

18. Funeral director: J. Virgil Moore & Son
Address: Denton Md.

19. 10-3 1940 (Date rec'd by registrar) Mr D O Gauge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 2 1940 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Oct 2 1940 and that I last saw him alive on Oct 2 1940

Immediate cause of death

	DURATION
Due to Carcinoma of Stomach	1936
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Hanson Gauge M. D. or other

Address: Denton Md Date signed: 10/3/40

RECEIVED
OCT 5 1940
BUREAU V. S.

Dr. Plummer

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

10445

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County: Caroline

City or town: Preston - Rural (Smithson)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 years

Hospital, institution, or street address where death occurred:
Near Smithson

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Smithson
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Willie Holland

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6.(b) Name of husband or wife: Charles Holland

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): About 1884

8. AGE: Years	Months	Days	If less than one day
About 56	-	-	..... hrs. ..... min.

9. Birthplace: Cabin Creek, Dorchester County, Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER
12. Name: Charles Givens
13. Birthplace: Cambridge, Maryland

MOTHER
14. Maiden name: No data available
15. Birthplace: Dorchester County, Maryland

16. Informant: Ernest Holland

Address: Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: October 11 1940 (month) (day) (year)

Cemetery or crematory: Bethlehem Colored Cemetery

Location: Bethlehem, Caroline County, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. October 11 1940 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 9th 1940 at 12:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1938, to October 9 1940 and that I last saw h.. alive on October 8th 1940

	DURATION
Immediate cause of death: Carcinoma	
Decomposition	10/7/40
Due to: Chronic Myocarditis	?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Cornelia D. Plummer M. D. or other

Address: Preston, Maryland Date signed: 10/11/40

RECEIVED
NOV 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(180)

10446

Reg. Dist. No. 63

1. PLACE OF DEATH:

County: Caroline

City or town: Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:
Near Union Grove

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Union Grove
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: C. Jeanette Hooper

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 21, 1927

8. AGE: Years	Months	Days	If less than one day
13	1	25	hrs. min.

9. Birthplace: Caroline County, Maryland
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business: Public School

FATHER
12. Name: Wilbert Murray
13. Birthplace: Caroline County, Maryland

MOTHER
14. Maiden name: Mary Hooper
15. Birthplace: Caroline County, Maryland

16. Informant: Mrs. Blanche Hooper
Address: Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: October 18 1940 (month) (day) (year)

Cemetery or crematory: Jonestown Cemetery

Location: Near Preston, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. Oct. 18 1940 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 16 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h... alive on ..... 19.....

Immediate cause of death: Accident

DURATION

Due to: Burns

Due to: Caught in Burning Building, rear inn

Due to: Inhaled Gas & S.

Manner of occurrence: Unknown

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dr. Virgil M. Hyland M. D. or Other

Address: Denton Date signed: 10/18/40

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 2 1940
BUREAU V. S.

10447

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 51 years

Hospital, institution, or street address where death occurred: Near Union Grove

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Union Grove
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Carrie Hooper

3. (b) Social Security Number 220-01-5073

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife William Hooper

6.(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) September 18, 1889

8. AGE: Years	Months	Days	If less than one day
51	-	28	....hrs. ....min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business Potato Factory

FATHER
12. Name Wesley Johnson
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Mary Thornton
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Blanche Thomas

Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 18 1940 (month) (day) (year)

Cemetery or crematory Jonestown Cemetery

Location Near Preston, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Oct. 18 1940 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ....19...., to ....19....

and that I last saw h.....alive on ....19....

Immediate cause of death Accidental

Due to Burns

A burning building was involved. Cause

Due to Asleep in her home, which caught fire, burning her to death.

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Deputy Medical Examiner Date signed 10/18/40

Denton Md

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1940
BUREAU V. S.

10448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 years

Hospital, Institution, or street address where death occurred: Near Union Grove

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Union Grove
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Clara R. Hooper

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 2, 1919

8. AGE:

Years	Months	Days	If less than one day
21	5	14	..... hrs. ..... min.

9. Birthplace Caroline County Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER
12. Name William Hooper
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Carrie Nichols
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Blanche Thomas

Address Preston, Maryland R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof October 18 1940
(month) (day) (year)

Cemetery or crematory Jonestown Cemetery

Location Near Preston, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Oct. 18 1940
(Date rec'd by registrar)

Cornelia D. Plummer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death Accidental

DURATION

Due to Burns

A burning building was involved. Owl R.

Due to Asleep in her home, which caught fire, burning her to death.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M.D. or other

Address Deputy Medical Examiner Date signed 10/18

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 2 1940
BUREAU V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

10449

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, Institution, or street address where death occurred: Near Union Grove

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Union Grove
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME M. Marie Hooper

3. (b) Social Security Number 219-05-8807

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 16, 1922

8. AGE:

Years	Months	Days	If less than one day
18	2	-	..... hrs. ..... min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business Canning Factory

FATHER
12. Name William Hooper
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Carrie Nichols
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Blanche Thomas
Address Preston, Maryland, R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof October 18 1940
(month) (day) (year)

Cemetery or crematory Jonestown Cemetery

Location Near Preston, Maryland

18. Funeral director J. J. Frampton and Son
Address Federalsburg, Maryland

19. Oct 18 1940
(Date rec'd by registrar)
Cornelia D. Plummer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1940, at 11. P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death Accidental

DURATION

Due to Burns
A burning building was involved. C.W.G.R.

Due to Asleep in her home, which caught fire, burning her to death.

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address County Medical Examiner Denton Md Date signed 10/18/40

RECEIVED
NOV 2 1940

10450

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County: Caroline

City or town: Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month 16 days

Hospital, Institution, or street address where death occurred: Near Union Grove

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Union Grove
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Shirley V. Hooper

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 30, 1940

8. AGE: Years: — Months: 1 Days: 16 If less than one day ..... hrs. ..... min.

9. Birthplace: Caroline County, Maryland
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Wilbert Harcum
13. Birthplace: Caroline County, Maryland

MOTHER
14. Maiden name: Clara R. Hooper
15. Birthplace: Caroline County, Maryland

16. Informant: Mrs. Blanche Thomas

Address: Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: October 18, 1940 (month) (day) (year)

Cemetery or crematory: Jonestown Cemetery

Location: Near Preston, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. Oct. 18 1940 (Date rec'd by registrar) Cornelia D. Plummer, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 16 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Accident death.

Due to: Burns - A burning building was involved. C.W.G.R.

Due to: Asleep in her home, which caught fire, burning her to death.

Other conditions: .....

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Deputy Medical Examiner, Denton, Md. Date signed: 10/18/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-D)

10451

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ..... County .....

City or town .....
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Haywood Simmons Harsey.

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name ~~of husband~~ or wife: Marian Todd Harsey

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May. 5th 1867

8. AGE: Years 73 | Months 8 | Days 10 | If less than one day ..... hrs. ..... min.

9. Birthplace: Williston, Md
(Town, county, and state)

10. Usual occupation: Retired Farmer.

11. Industry or business

FATHER
12. Name: Jeb. Harsey.
13. Birthplace: Maryland

MOTHER
14. Maiden name: Emma Sipple
15. Birthplace: Md

16. Informant: Ralph Harsey (Son)
Address: Denton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 10-18-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md

18. Funeral director: J. Virgil Moore & Son
Address: Denton. Md.

19. 10-18 1940 (Date rec'd by registrar) M. D. O. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 15 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1940, to Oct 15 1940 and that I last saw him alive on Oct 15 1940

Immediate cause of death: Cancer of Rectum

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Denton Md Date signed 10/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 5 1940
BUREAU V. S.

10452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William Henry Jopp

3. (b) Social Security Number

4. Sex: M.
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Ella Jopp

6.(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.): Jan. 23rd 1856

8. AGE: Years 84 | Months 8 | Days 24 | If less than one day ... hrs. ... min.

9. Birthplace: Penn.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John H Jopp
13. Birthplace: Germany

MOTHER
14. Maiden name: Margret Schultz
15. Birthplace: Germany

16. Informant: Samuel Jopp
Address: R.D. Denton Md

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: 10-20-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: [illegible] Denton Md

18. Funeral director: J. Virgil Moore & Son
Address: Denton Md.

19. 10-18 1940 (Date rec'd by registrar) Wm D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 17 1940, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1940, to Oct 17 1940 and that I last saw him alive on Oct 17 1940

Immediate cause of death: Chronic Arterial Heart

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Imferie N Nash Sr. M. D. or other

Address: Denton Md Date signed 10/18/40

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13-P)

10453

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County: Caroline

City or town: Ridgely R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Ridgely Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Howard Lewis

3. (b) Social Security Number

4. Sex: Male

5. Color or race: B.

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Ora Lewis

6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.): Aug 12, 1899

8. AGE: Years 41 | Months 1 | Days 24 | If less than one day ... hrs. ... min.

9. Birthplace: Near Ridgely Md.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Carroll Lewis

13. Birthplace: Md.

MOTHER

14. Maiden name: Mary Matheus

15. Birthplace: Md.

16. Informant: Ora Lewis

Address: Ridgely Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 10, 1940 (month) (day) (year)

Cemetery or crematory: Denton

Location: Denton Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. Oct 9 1940 (Date rec'd by registrar) J. D. Davis. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 6 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death: Pulmonary Hemorrhage

Due to: due to tuberculosis. C.W.S.R.

Duration: two years

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Marvin N. Wilkins M.D. or other

Address: Denton Md. Date signed: Oct 9 1940

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

10454

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 72 years

Hospital, Institution, or street address where death occurred: North Main Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. North Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME John A. McCrea

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Rose Ella McCrea

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 17, 1868

8. AGE: Years	Months	Days	If less than one day
72	—	24	hrs. min.

9. Birthplace Federalsburg Maryland
(Town, county, and state)

10. Usual occupation Retired Painter

11. Industry or business House Painter

FATHER
12. Name William A. McCrea
13. Birthplace New Castle County, Delaware

MOTHER
14. Maiden name Martha Pennwell
15. Birthplace Sussex County, Delaware

16. Informant Vincent McCrea
Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 14, 1940 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son
Address Federalsburg, Maryland

19. October 12 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1940, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 10 1940, to Oct 11 1940 and that I last saw him alive on Oct 11 1940

Immediate cause of death	DURATION
Chronic Interstitial Nephritis with	2 yrs
Due to Uremia.	5 days
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Lennon MD M. D. or other

Address Federalsburg Md Date signed 10-12-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10455

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Greensboro R.F.D
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Alexander Needles.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Married

6.(b) Name of husband or wife Fanny Needles.
6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1859

8. AGE: Years 81 | Months 1 | Days 20 | If less than one day ..... hrs. ..... min.

9. Birthplace Felton Del. Kent Co.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Alexander Needles.
13. Birthplace Unknown.

MOTHER 14. Maiden name Unknown.
15. Birthplace Unknown.

16. Informant Harley Needles.
Address Greensboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 16 1940 (month) (day) (year)
Cemetery or crematory Greensboro.
Location Greensboro, Md.

18. Funeral director Raymond B. Rawlings.
Address Greensboro Md.

19. Oct 15 1940 (Date rec'd by registrar) L. MacPippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1940 at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 12 1940, to Oct 13 1940
and that I last saw h.. me alive on Oct 12 1940

Immediate cause of death	DURATION
Acute Myocarditis	2 da
Due to Cerebro Arterio Cardeovascular	
Other conditions Disease	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles W Stonesifer M.D.
M. D. or other
Address Greensboro, Md. Date signed 10/14/40

RECEIVED
NOV 6 1940
BUREAU V. S.

10456

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Caroline Registration Dist. No. 63

Village or City Preston No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Stillbirth Infant Rideout If U.S. Veteran specify WAR

(a) Residence: No. Preston Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/27/40

7. AGE Years Months Deys None If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Maryland

FATHER

13. NAME Martin Rideout

14. BIRTHPLACE (city or town) (State or country) Salem Maryland

MOTHER

15. MAIDEN NAME Sallie Coleman

16. BIRTHPLACE (city or town) (State or country) Linwood Md

17. INFORMANT (Address) Martin F. Rideout Preston Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Family Burial Lot Date ____, 19__

19. UNDERTAKER (Address) None (Martin Rideout) Preston Md.

20. FILED 10/28, 1940 Cornelia D. Plummer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1940, to October 27, 1940

I last saw h____ alive on Nov. ____, 19__; death is said to have occurred on the date stated above, at 6 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Accidental	?
Asphixiation due to	
Membrane over Face +	
not removed in time	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Thomas B. Plummer M. D.

(Address) Preston Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

10457

Reg. Dist. No. 63

1. PLACE OF DEATH:

County: Caroline

City or town: Preston, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Marie Catherine Schmick

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John W. Schmick

6(c) If alive, give age: 84 years

7. Birth date of deceased (mo., day, yr.): Nov. 21, 1865

8. AGE: Years: 74 Months: 10 Days: 10 If less than one day: hrs. min.

9. Birthplace: Jagodnaia Poljama, Russia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Adam Scheuerman
13. Birthplace: Russia

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: John W. Schmick
Address: Preston, Md.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 3, 1940 (month) (day) (year)

Cemetery or crematory: Jr.O.U.A.M. Cemetery

Location: Linchester, Md.,

18. Funeral director: William H. Hollis & Son
Address: Preston, Md.,

19. 10/2 1940 (Date rec'd by registrar) Cornelia D. Plummer, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1 1940, at 1215 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1936, to October 1 1940, and that I last saw her alive on September 30 1940.

	DURATION
Immediate cause of death: Uremia precipitated by Failure of Cardiac Renal Syphilis.	9/29/40
Due to: Gastro Enteritis (Nov Spenser)	9/20/40
Due to: Diabetes Mellitus	8 yrs
Other conditions: Chronic Myocarditis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Thurley B. Plummer, M. D. or other

Address: Preston Maryland Date signed: 10/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-G)

10458

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:
County Caroline
City or town Near Preston
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 72

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Preston - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Addie S. Stafford

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife A. W. Stafford
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1867

8. AGE:

Years	Months	Days	If less than one day
72	9	8	hrs. min.

9. Birthplace Preston, Md.,
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Jerry M. Nichols
13. Birthplace Delaware

MOTHER
14. Maiden name Annie J. Wright
15. Birthplace

16. Informant George Stafford
Address Preston, Md.,

17. Burial Date thereof Oct. 10, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Jr. O. U. A. M. Cemetery at Linchester, Md.,
Location

18. Funeral director W. H. Hollis & Son
Address Preston, Md.,

19. Oct. 10 1940 Cornelia D. Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1938, to October 8 1940, and that I last saw her alive on October 7 1940.

Immediate cause of death Cancerous of the head of the pancreas with metastases to liver colon

Due to Stomach Lung.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION 1 year

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thurley B. Plummer M. D. or other
Address Preston, Md. Date signed 10/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 2 1940
BUREAU V. S.

10459

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mrs Ida Wilson

3. (b) Social Security Number none

4. Sex: F

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: widow

6.(b) Name of husband ~~or wife~~: John Wilson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Apr. 22nd 1853

8. AGE: Years: 87 Months: 6 Days: — If less than one day ..... hrs. ..... min.

9. Birthplace: Caroline County
(Town, county, and state)

10. Usual occupation: at Home

11. Industry or business

FATHER
12. Name: William Downs
13. Birthplace: Md.

MOTHER
14. Maiden name: Sara M Reynes
15. Birthplace: Md

18. Informant: Mrs Fred Owens

Address: Denton Md

17. Buried (Burial, cremation, or removal, Which?) Date thereof: 10-24-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Virgil Mason Row

Address: Denton

19. Oct 23 1940 (Date rec'd by registrar) Mm A O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 21 1940, at 7 40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1936, to Oct 21 1940 and that I last saw her alive on Oct 21 1940

Immediate cause of death: Cardio Vasculus Renal — DURATION: 1936

Due to: Disease

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Hanson, O George M. D. or other

Address: Denton Md Date signed: 10/23/40

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10460

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Jan 1, 1940
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Denton, R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Jerome H Woodward.

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Mary E. Woodward
6.(c) If alive, give age: 76 years
7. Birth date of deceased (mo., day, yr.): May 10, 1861
8. AGE: Years: 79 Months: 6 Days: 21 If less than one day: hrs. min.
9. Birthplace: Queen Anne County Md.
(Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business:
12. FATHER Name: Louis J. Woodward.
13. FATHER Birthplace: Maryland.
14. MOTHER Maiden name: Emmie J. Shaw.
15. MOTHER Birthplace: Maryland.
16. Informant: Clark Woodward
Address: Ridgely Md.
17. Easton Md (Burial, cremation, or removal. Which?) Date thereof: Oct 4, 1940 (month) (day) (year)
Cemetery or crematory: Buried Easton Md.
Location:
18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.
19. Oct 3rd 1940 (Date rec'd by registrar) Mrs D. O. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 2 1940 at 8:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 19 1940 to Oct. 2 1940
and that I last saw h.. alive on Oct. 1 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis.	(a)
Due to	
Due to	
Other conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clark W Woodward M.D. M. D. or Coroner
Address: Denton, Md. Date signed: 10-4-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10461

V. S. No. 1 (M) (T)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Caroline Registration Dist. No. 66

Village or City Ridgely No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Henry Young If U. S. Veteran, specify WAR

(a) Residence: No. Ridgely, Maryland Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Young.

6. DATE OF BIRTH (month, day, and year) Feb 10, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) One Year

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

FATHER

13. NAME William Young.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta Pinder.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Florence Young (Address) Ridgely Md.

18. BURIAL, CREMATION, OR REMOVAL Place Burial Denies Md Date Oct 10, 1940

19. UNDERTAKER Raymond E. Rawlings (Address) Greensboro Md

20. FILED Oct 8, 1940 J. W. Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH OCTOBER 6, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1940, to Oct 5, 1940

I last saw him alive on Oct 5 40, 1940; death is said to have occurred on the date stated above, at 10 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	

Other **Contributory Causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles N Stonesifer M. D.

(Address) Greensboro Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN